

DIVISION IV

ARKANSAS COURT OF APPEALS
NOT DESIGNATED FOR PUBLICATION
TERRY CRABTREE, JUDGE

CA 05-1228

April 26, 2006

U.S. TIMBER COMPANY AND
TRAVELERS INSURANCE CO.
APPELLANTS

APPEAL FROM THE WORKERS'
COMPENSATION COMMISSION
[F304712]

V.

JEREMY WALTERS

APPELLEE

AFFIRMED

Appellants bring this appeal to challenge a decision of the Workers' Compensation Commission awarding benefits to appellee. This case was previously before us when appellee Jeremy Walters appealed the Commission's determination that there were no objective findings sufficient to establish carpal-tunnel syndrome. On review, we reversed and remanded for further findings of fact. *Walters v. U.S. Timber Company*, CA 04-1326 (May 25, 2005). The Commission issued an order August 4, 2005, reversing its previous position, finding that there was sufficient medical evidence supported by objective findings to establish carpal-tunnel syndrome. The order awarded benefits to Walters. On appeal, appellants argue that there is insufficient evidence to support the Commission's decision. We disagree and affirm.

Arkansas Code Annotated section 11-9-102(5)(D) (Supp. 1999) requires that a compensable injury be established by medical evidence supported by objective findings as defined by section 11-9-102(16). Objective findings are those findings which cannot come under the voluntary control of the patient. Ark. Code Ann. §11-9-102(16)(A)(i). In its order, the Commission found that "Dr. Kelly's operative notes pertaining to the pronator-tunnel release procedures performed on the claimant's elbows contain sufficient objective medical findings of impingement to satisfy the 'objective medical findings' requirement of the statute."

Appellee underwent pronator-tunnel release surgeries on both his left and right arms. In support of its decision, the Commission cited several portions of Dr. Kelly's reports regarding appellee's surgeries and follow-up visits. The report of February 27, 2003, regarding appellee's left pronator-tunnel release read in part:

Description: with the patient having had successful axillary block placed in the left upper extremity, he was draped and prepped in the usual fashion. A zig-zag incision was made over the volar aspect of the left proximal forearm overlying the pronator tunnel. Skin flaps were elevated preserving all neurocutaneous branches. Dissection was then carried down through the fascia and just medial to the brachioradialis down to the aponeurosis of the biceps which was taken down. The median nerve was identified and then dissection was carried out distally to out where the posterior branch takeoff was and removal of as well as splitting of the pronator fascia was carried out in its entirety. Allografts performed as noted in the median nerve....

On May 12, 2003, Dr. Kelly reported on a follow-up visit with appellee. His report reflected:

Mr. Walters presents to the office today in follow up for his upper extremity exam. His MRI was negative. He had normal C-spine exam. He has strongly positive tinels now down into the forearm and just to the base of the hand, so I am sure that his left pronator tunnel release is recovering and I expect that he will start to see recovery sensation over the next 2-3 months. At this point, I plan to schedule him for his right pronator tunnel release....

After appellee's right pronator-tunnel release surgery on May 16, 2003, Dr. Kelly reported:

The brachioradialis reflected from harm's way and the fibrosis of the biceps tendon was released and then the median nerve was then dissected from proximal to distal down through to the pronator entrance into the tunnel. The pronator had a sharp fibrous band pressing against the nerve which had an hourglass deformity....

Dr. Kelly's follow-up report on June 13, 2003, described appellee's progress as follows:

Mr. Walters presents to the office today in follow up after he had a right pronator tunnel release completed back on May 16th. His sensation is better. He states he doesn't tingle as much. He still is having some tingling and discomfort that goes down into the hand and arm, but I think that this is in keeping with the level and degree of the compression that he had in the forearm. His

left arm is slowly getting better as well. At this point I think it is just a matter of time to allow the nerve to resolve. I explained all of this to him. He is free to use his hand at will and I will see him back in about three months for a final recheck.

The Commission found Dr. Kelly's reports to contain sufficient objective medical findings of impingement to satisfy the statutory requirements.

When reviewing a decision of the Workers' Compensation Commission, the appellate court views the evidence and all reasonable inferences deducible therefrom in the light most favorable to the findings of the Commission, and affirms that decision if it is supported by substantial evidence. *Searcy Indus. Laundry v. Ferren*, 82 Ark. App. 69, 110 S.W.3d 306 (2003). Substantial evidence is such relevant evidence as a reasonable mind might accept as adequate to support a conclusion, and the court will not reverse the Commission's decision unless it is convinced that fair-minded persons with the same facts before them could not have reached the conclusions arrived at by the Commission. *Id.* We cannot say that fair-minded persons could not have reached the conclusion drawn by the Commission; therefore, we affirm.

In his brief, appellee requests attorney's fees. Although we decline to address fees in this opinion, we invite appellee to file a motion for our consideration.

Affirmed.

GLADWIN and VAUGHT, JJ., agree.